

# Adoption and Children with Learning and Behavior Problems

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*One representative case study is used to illustrate the complex interaction of factors that can lead to tragic family dysfunction when an adopted child has learning and behavior problems. The presence of neurodevelopmental problems in an adopted child, special adoption issues and interparental and intraparental conflicts combine to place the child and his family at high risk. The child's neurodevelopmental difficulties are expressed primarily as subtle learning and behavior problems which make him a focus for parental conflict. In addition, the adoption issues of difference, impermanence, feelings of mutual obligation and fear of abandonment are generally poorly understood and form the basis for the development of unique interactional patterns of communication. Finally, in the families studied, it was often found that the adopting parents had serious personal and/or marital difficulties.*

THE PURPOSE of this paper is to review the special and often complicated problems involved in the interrelationship between an adopted child and his adoptive parents. One case, selected from a study of 32 adoptive families in conflict will be discussed in depth. By so doing, the authors will attempt to show, in sharp relief, the complex interplay between neurodevelopmental and emotional-environmental factors which often leads to serious dysfunction observed in adoptive families.<sup>1</sup>

Families with adopted children appear to be at greater risk of serious dysfunction than those with natural children, and, in the authors' experience, such families have been memorable for their tragic dysfunction.<sup>2</sup> In the cases studied, three main factors—often working in combination—

contributed to their vulnerability: (1) the presence of neurodevelopmental deviations in the adopted child, on the basis of which learning and behavior problems often ensued; (2) failure by parents to understand and cope with special adoption issues; (3) the presence of serious interparental or intraparental conflict, solutions for which were sought by adoption of a child.

## Discussion

### *Neurodevelopmental Factors*

There is increasing recognition that children with subtle and not so subtle neurodevelopmental problems are more likely than other children to become emotionally unstable, delinquent or schizophrenic when they reach adulthood.<sup>3-6</sup> The exact incidence of neurodevelopmental problems in adopted children is not known.<sup>7</sup> Nonetheless, children who later are adopted often are born of high-risk mothers—those for whom infant morbidity rates are high and who frequently have a

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history of obstetrical complications, prematurity, inadequate prenatal care, as well as their own learning and social problems.<sup>8,9</sup> Furthermore, as infants, adopted children frequently have experienced sensory or emotional deprivation and multiple foster home placements before adoption, factors which may lead to, or seriously compound preexisting developmental difficulties.

The developmental problems are generally expressed as subtle specific learning disorders in the presence of normal intelligence, with or without problems of distractibility, impulsivity, incoordination or hyperactivity.<sup>10</sup> The obscure nature of these difficulties leads to an elaborate system of parental denial similar to that found when these same problems exist in a natural child.<sup>11</sup> For example, when parents are told that their child is capable but is not performing adequately in the classroom, they tend to blame themselves or the school, or to seek other simplistic solutions. In many instances, they assume that the child "could" if he "would," imputing unfounded motivational explanations for his underachievement. In some instances, children in such situations may also be given a sense of added power when the parents imply: "You are only doing this to hurt me."

#### *Adoption Issues*

The permanent acquisition of an infant or child through adoption introduces a qualitative difference of being *special* or *chosen* to the relationship. At times, awareness of this voluntary selection leaves the child with feelings of difference. Furthermore, an adopted child and his adopting parents share a fear of abandonment and worrisome questions of love and permanence, as well as a mutual burden of obligation. These adoption issues establish the basis for certain unique interactional problems not present in a natural parent-child relationship.

An adopted child, on his part, may feel the need to remain guarded and overly compliant to earn and maintain his position in the family. The parents, in turn, may show concern and oversolicitude to meet their own heavy demands for responsibility and worthiness. In sharp contrast to this self-demeaning, restricted behavior, the child may also harbor worry that he could be *unchosen* and therefore acts out in order to test the permanence of his relationship. As a result, the parents may react to this antisocial behavior with inappropriate acquiescence and thereby establish a model for behavior. When the parents "give in" or "make

up" to the child to express their love or handle feelings of insecurity, they are, in effect, teaching the child to feel and say: "If you really love or want me, you will let me have my way." The frequent occurrence of this interaction or "adoption syndrome"<sup>11</sup> *achieves peace at all cost* and by so doing seriously interferes with the child's opportunity to develop optimum frustration tolerance. This is especially true if, on a neurodevelopmental basis, the child frustrates easily, is distractible and has learning problems. Consequently, when adequate frustration tolerance is not achieved from the beginning of the relationship, the parents' ability to set limits with each succeeding stage of parent-child development becomes more and more difficult. The child may ultimately feel empty and worthless, while the parents lack the fulfillment of being parents.

An adopted child also entertains fantasies, pleasant and not so pleasant, about his conception and origins. He may then become intensely preoccupied with a hope of eventually finding his natural parents. This preoccupation can become very threatening to the adoptive parents, especially those most fearful of abandonment. For a few, the fear is so intolerable that knowledge of adoption is withheld and the energy demands placed on the parents to maintain this secret lead to mounting anxiety and stress within the family.

#### *Parental Conflict*

There are instances when an adopted child, not unlike a natural child, is expected to fill a void in a parent's life. In others, he may play a part in the myth that "everything will be fine once the adopted baby arrives," the hope that serious underlying marital problems can be resolved. In each case the child is obviously unable to meet this expectation, and by virtue of his difference or learning problems can become a family scapegoat.<sup>12</sup> These factors easily allow the adopted child to become the focus for family conflict by conveniently channeling energy away from personal or marital discord.

The inability to have a natural child can foster a disturbing sense of personal inadequacy, disappointment or resentment. These feelings combined with sorrow concerning the child's adopted state, can often lead to serious parental anxiety and oversolicitude. Furthermore, resentment is intensified when the child is difficult to handle either because of hyperactivity or acting out behavior used to determine the permanence of his relationship.

For some parents, adoption is a way to handle gratitude or assuage guilt by reaching out to someone less fortunate. In so doing, they generally get more than what was bargained for, especially if an asserted effort was made to select an "unadoptable" child—that is, one who is racially mixed or known to be handicapped. Many of these parents are unprepared to meet the demands these special children present in management, and resentment can result from a failure to feel successful. This is particularly true for those parents who must deal with persistent problems, yet still cling to the idea that love and special care should have been the solution for all the child's problems. When the child cannot, for realistic reasons, fulfill parental altruistic or other emotional needs, he may frequently receive the message (spoken or unspoken) that he should feel gratitude toward his adoptive parents ("If it hadn't been for us"). Put in this position, the child is prevented from expressing his feelings, differences of opinion, or even his creative ideas. He can neither gripe nor complain, lest he appear ungrateful for his *good fortune*. As a result, the child may become guarded or "tough," since through such indifference, one can avoid being hurt, or hurting others.

What follows is a case presentation, which demonstrates the way in which many of these complex factors may interact in an adoptive child-parent relationship.

### Report of a Case

Tom Smith,\* a 15-year-old junior high school student, was adopted at birth, eight years after his mother, age 38, and father, age 50, had given up hope of ever having a baby of their own. Subsequently, they also adopted his sister, Mary, now age 13, and then produced a natural sister, Judy, now age 10. According to Mrs. Smith, little or no information was made available to them at the time of Tom's adoption about the cultural, medical or social background of his biological parents.

At five weeks of life, Tom became severely dehydrated and malnourished before an emergency operation for pyloric stenosis. He developed normally, but from an early age he had difficulty in accepting limits and his parents still have a problem in managing his impulsive hyperactive behavior. He also had a severe deficit in visual-motor integrative function, as well as difficulty in handling cause and effect relationships. Because of

delayed acquisition of reading readiness skills, he repeated kindergarten. His continued slow progress in written and spoken language abilities required extra help in summer school for at least four consecutive years.

Mr. Smith, a retired military officer, is a hard working, highly disciplined law enforcement officer with conservative political and social views. He has not spent much time with the family and has been "dynamically absent"<sup>13</sup> while pursuing advanced study and working full time since his retirement. His wife describes him as a secretive man who cannot ask for help and has a mistrust of psychiatry. Mr. Smith was active in athletics as a young man and encourages Tom to participate in Scouting and gymnastics. After nine years, Tom would like to stop his participation in gymnastics; however, he has learned from his father that once he has begun something he would be a quitter if he stopped and would be letting others down who have worked with him. Tom and his father were seen sharing a mutual interest in firearms as they paged through a gun catalogue in the waiting room. Tom has a collection of knives; one of these knives was carried by his father during World War II to be used in case of capture.

Mr. Smith did not accompany Tom and his mother on the first visit. They were seen on an emergency basis after Tom had been suspended from school for using a knife in an unsuccessful attempt to coerce a girl classmate into the bushes. This was preceded by his increasing preoccupation with sexual matters, vulgar behavior, use of extreme language in the classroom and dismissal from summer camp six months earlier for exposing himself. Until this school crisis, Mr. Smith had prevented his wife from seeking private professional help. Tom, however, had been followed in a child guidance clinic for military personnel until seven months earlier, when Mrs. Smith felt he did not need to go in for "chit-chat" with a new therapist who had refused to prescribe medication (which Mrs. Smith felt would help to control Tom's behavior). The working diagnosis was: Unresolved oedipal complex, ostensibly normal intelligence, no neurological dysfunction.

Tom is short for his age. His head is small for his body and he has overdeveloped musculature, in striking contrast to his face and manner which are like that of a younger child. His voice is deepening but has a hollow plaintive tone. He spoke in a stilted manner, using impersonal pronouns as if he were talking about someone else,

\*Names used are fictitious.

and appeared haunted and frightened. He held his closely cropped head tilted, as though he were listening for voices, walked in a mechanical manner suggesting a robot or storm trooper, and wore heavy high laced hiking boots with his pants tucked in. Later it was learned that Tom had a long time fascination with Hitler and the Nazi uniform and insignia. Mrs. Smith found this abhorrent, since she is in conflict with her husband over his outspoken social and religious bias. Tom's mechanistic gait and military attire were not seen after the first visit. Furthermore, his guarded stiff manner has gradually disappeared since the onset of therapy and placement in a school program for the educationally handicapped.

At the time of the first interview, Tom stood back from his mother and peered from a half-turned head, avoiding eye contact, though he did make eye contact after the interview proceeded. He blushed and expressed extreme remorse when he talked about exposing himself. Throughout, he tended to moralize and to present a self-righteous impression; he has taken pride in trimming the family lawn because he wants the community to think well of his family.

The school had reported that he had a "dual" personality: one minute he was self-righteous, and the next he was out of control and showed bizarre behavior.

Tom's neurological examination showed an inability to reproduce the human figure. He drew a faceless stick figure with needle-like fingers. He still demonstrates persistent right-left confusion, problems with balance, ambidexterity and poor directional sense. He called the examiner's left hand right, saying that the right hand depends on which way one sits.

The developmental assessment showed a Full Scale Intelligence Quotient of 95 on the Wechsler Intelligence Scale for Children (WISC). The picture was similar to that reported five years previously. At age 10, a school psychologist described him as an atypical child who had problems with ideation, cause and effect relationships, and an inability to formulate ideas in an open-ended situation. He had a verbal veneer which could be mistaken for good intelligence and language skills. Now, although in the 9th grade, he read a 5th grade paragraph with limited comprehension, yet mouthed the words with good phrasing and without error. The isolated skills of spelling, decoding and penmanship were quite good; however, he was unable to integrate them in writing down his

own thoughts or in understanding what was read. While he was failing in most of his subjects at school, his parents and teachers were unaware of his serious learning problems. His father, in particular, felt that he functioned quite well at school.

During a conjoint family interview, the aging, conservatively dressed father looked remote and contributed nothing spontaneously. On two occasions he showed extreme anger, which he denied. Tom flushed and looked confused, turned toward the examiner and said, "See! he's angry . . . My mother would get an F for cussing at home and for showing too much feeling, dad doesn't show his at all." During this interview, when Tom expressed anger at his mother, she said with amazement, "I didn't know he ever felt anger toward me." While Tom and his mother do have a close relationship, he has depended upon her to set limits and to make interpretations of cause and effect relationships that he has not been able to handle for himself. It soon became obvious that no one in this family could give a clear message about their feelings.

The glare of Mrs. Smith's glasses covers the expression in her eyes so that her face appears pleasant at all times. The tone of her voice is calm, even when talking about disturbing problems. The father's manner, on the other hand, is usually one of steely silence. When asked how he saw the problem(s) with Tom, he answered abruptly: "I am told that there is a problem and I'm here for *you* to tell *me* what the problem is." While the impressions and findings were being presented, the father let his wife and the examiner do the talking. However, as this discussion drew to a close, he suddenly asked: "How do you arrive at your conclusions?" and "On what basis is this impression made?" (as though he had heard nothing). On terminating the visit, Mr. Smith indicated that he would return only at the examiner's insistence, since his wife was closer to the problems and could handle them alone.

During this same interview, it was learned that Tom thought his mother could read his mind. This idea persists throughout his thinking. It seems that whenever he feels guilty, which is frequently, he knows that his mother is aware of his wrongdoing, and so becomes most uncomfortable with her criticism. She attempted to clarify the issue of such mind reading with Tom, stating: "Yes, I guess I have told you that. What I meant, however, was that when you are so close to someone, you feel that you know what they are thinking."

At that moment, Tom actually expressed relief to learn that someone else could not read his mind in the literal sense. Even so, Tom for the most part continues to feel suspicious about how he is regarded by others.

When Tom was asked to state three wishes, he said first he would like to change the expression on his mother's face because she looked as if she was either judging or criticizing him, and that made him angry; second, that he could have consistent control over himself; and, finally, that he could be less gullible (for instance, every time he got into trouble, someone else led him or made him do it). He referred with anger and resentment to his nonadopted sister, Judy, who he said is a preferred child. Tom has been extremely sensitive about being adopted and special. In fact, he expressed the feeling that adoption has caused all of his problems. No matter how often he has heard genuine statements of love from his family, he is unable to believe them.

Tom tries desperately to please his father to earn his keep, and is extremely fearful of letting him down. He wants to emulate his father, who is a scholar, athlete and law enforcement officer. At the same time, he shares a truly symbiotic relationship with his mother. Differentiation of self has been difficult for both. In addition, his mother blames herself for Tom's problems and has often felt that perhaps another adoptive parent might have done a better job with him. Naturally, she was greatly relieved to hear that part of his difficulties were related to neurodevelopmental factors: "I thought I had taken a perfectly good child and ruined it."

Mr. Smith, on the other hand, tends to deny the existence of any problems. When it was suggested that perhaps Tom would do better in a different kind of school, he insisted that Tom functioned very well, pointing out that he was passed on from year to year. "Besides, if he changed schools he would leave his friends." In reality, Tom is a lonely, isolated child at school. His only social activity is working out at the gym three times a week with children much younger than he. When Tom mentioned that his only skill was gymnastics, his father contradicted him immediately: "You have lots of things going for you; your health, intelligence, good looks, food and lodging."

### Discussion of Case

The case up to this point illustrates the way in which subtle neurodevelopmental problems com-

bined with special family dynamics contributed to Tom's difficulties. Tom's limited and literal interpretation of cause-effect relationships, poor impulse control, persistent right-left confusion, inability to integrate isolated written and spoken language skills and, therefore, failure to fully understand what is read, have prevented him from experiencing the world about him as others do. On the other hand, his father's denial of the real learning and behavior complications places unrealistic expectations on Tom which he meets with inappropriate acquiescence. Since his real problems and feelings are unrecognized, his hidden anger is expressed in fantasy. He projects his anger to the world about him, mainly against his mother and nonadopted sister, by assuming the role of a strong Nazi who can rid the world of inferiors (like himself). For example, when instructed to check with his mother as to whether she were angry with him, she answered: "I love you more than anyone in the family . . . you mean more to me than all the others . . . and look at those beautiful blue eyes."

In what way does Tom's being adopted play into the dynamic process leading to his decompensation and dysfunction? In this particular kind of family many of the difficulties could have occurred even if Tom had been a natural child. What has not been discussed is the mother's description of her emotional divorce<sup>14</sup> from her husband, as illustrated when she said, "The reason I wanted a child is because I knew my husband didn't love me. My life had no meaning before Tom came into my life; Tom made me feel loved and worthwhile." Her close association with her adopted son and their failure to develop boundaries and differentiation from one another, developed into a symbiotic relationship.

Also, Tom has never quite become reconciled to the idea that he is adopted. He feels different and impermanent. He *is* different from his parents and nonadopted sister not only because of significant learning problems, but also because being adopted makes him feel apart from the rest. At one point he said he would like to "knock off" Judy, the parents' natural child, and that sometimes he is so angry with his mother he wants to take a machine gun and "blow her head off . . ." He asked, "How is it possible that mother says she loves me more than the rest when she's angry with me all the time?" Mrs. Smith denied being angry with Tom all of the time and told him, "I get angry with you, then I'm over it." Tom never

stops to check out his mother's feelings and projects his own anger on to her, assuming that she is angry with him all the time. He said, "I wish Judy were adopted." He also discussed his pressing wish to find his natural parents, so that he could be united with them. Mrs. Smith promised him that when he is 21 he can search the records in the courthouse of the county where he was born for the names of his natural parents.

Tom has never felt a sense of permanence; it is as though he is biding his time. On the one hand, he wants to emulate his adopted father's goals and values and, on the other, says emphatically that he doesn't want to be a Smith and feels burdened with the demands and feelings of obligation placed on him by their adoption. No matter how much he is told by his mother that he is loved, he is unable to accept or believe this. Because he cannot trust himself, he cannot trust others and the anger he feels toward his mother and her natural child he thinks is projected toward him by them. He does not like the way each of them stares at him; "it is different with Mary" (his adopted sister), with whom he feels an alliance.

When he experiences his violent feelings toward his mother, Judy, and to his father, he is told "all children feel this way." Tom said, "I hope I can control myself, I don't want to hurt anyone." When he shows painful anguish in his facial expression, his mother neither sees nor comments on this. The duality and conflict of good and evil are summed up by the mother, when she says, "There are two Toms that leave the house in the morning." The father's failure to acknowledge the seriousness of the problem is made more poignant by the mother's comment that "Dad talks to the children about their grades (using proverbs or adages) but never talks to the real children."

After the evaluation of Tom and his initial treatment, Mary, his 13 year old adopted sister, ran away from home and was flown home by juvenile authorities after being found a thousand miles away. During her absence, Mrs. Smith was left alone to handle her anguish while Tom and his father went on an outing with the Scouts. Mrs. Smith began to cry with hopeless despair. She said, "This has been the worst day I have ever spent in my life . . . Chuck (Mr. Smith) has never loved me; he may respect me but there has never been any love."

Mrs. Smith is critical of Mary's handsome boyfriend whom she said ". . . will probably lay her

out flat in the park and get her pregnant." Tom became very angry with his mother as she spoke. He felt that this information should be kept secret, but said, "I would never run away." Even so, Tom questions his permanence.

Many of the problems that developed in this case (such as Tom's escape from the family by becoming psychotic and Mary's abrupt separation from the family by running away)<sup>14</sup> can be explained in part by the presence of the binding quality of the family dynamics. Tom's literal and simple interpretation of cause and effect relationships constantly places him at an impasse. If he is loved, then how can his mother become angry with him, if he is burdened with an obligation to be dutiful and thankful for his adoption, how can he express his own feelings and needs? It is unthinkable for him to ask his father if he can stop going to the gym or allow his hair to grow. Tom's strong either-or feelings and inappropriate acquiescence to unrealistic internal and external demands have led to his psychosis, a way in which he could separate from himself, his mother and family.

Mrs. Smith is a naive loving person, who does not quite believe what she sees, or quite see what she believes and is threatened when her children do not share her ideas and value system. Whereas Mr. Smith seems to hear and see what he wants to believe, is secretive, remote and noncommunicative, and greatly mistrusts the world about him.

Mary, like her mother, experienced her father's isolation as indifference. On the other hand, she is in conflict with her mother about such things as the way she dresses and her choice of friends. Before her recent thrust of adolescent assertion, Mary was appreciated for her independence and affectionate nature. She had assumed more than her share of household responsibilities and, in fact, had been reluctant to express her individuality. Now, however, both parents regard her as manipulative and do not trust her even when she is loving. Mary stated that she ran away from home to experience freedom, yet felt sad about hurting her mother. Her mother's response was: "If you run away again, don't bother to come home . . . unless of course, you get pregnant."

During Mary's absence, Mrs. Smith found her diary. The entries were signed with her biological surname. To her mother, this was "the last straw." She said that she had reached the point of giving up with the children and wanted to wash her hands of everything. Although Mary responded to this

message of disillusionment and despair with tears, and made attempts to comfort her, her mother merely turned her head and remained unyielding.

Because Mary now shared the role with her brother of an *identified patient* in this family, it was felt that an evaluation of her educational and developmental status might enhance understanding of the dilemmas she too confronted vis-a-vis parental expectations. Fortunately, her mother had kept a careful record of Mary's progress and social adjustment in the early grades. It seems that she had had serious difficulties learning to read; her third grade teacher had described her as "impatient with learning concepts," yet a jovial, good natured youngster. (The mother now feels that Mary's bubbly, "cheery-bird" moods are contrived and merely precede a request for a favor.)

Results of individual achievement and intelligence batteries (Wide Range Achievement Test, Durrell Analysis of Reading Disability and Wechsler Intelligence Scale for Children—R) were of interest in several respects. First of all, significant lags were observed between level of grade placement and performance not only in reading but in spelling and arithmetic as well. Second, while Mary's aggregate intelligence score fell well within the range of "average-normal" (Full Scale I.Q.—103), she had mild, yet consistent difficulty with tasks relying upon abstract-conceptual reasoning.

The deviations in Mary's thinking patterns and scholastic accomplishments were, of course, far less striking than Tom's. Nevertheless, the family had always assumed that she was a highly capable youngster. Their belief that her frequent truancy, and her problems coping with academic demands, resulted solely from poor motivation or boredom had only added to their resentment. From the mother's viewpoint, the runaway episodes (there had been others), the class cutting and the lagging achievement in school all represented instances of how Mary had "let her down."

Mary felt trapped. School was boring and she had had restrictions placed on her that were more appropriate for a younger, more compliant child. During most of the sessions Mary appeared sullen and without hope. Occasionally, she smirked or laughed sarcastically, probably showing remnants of her former cheery defensiveness.

Just before this writing, there was an interesting development in the case. Mrs. Smith came for her therapy hour appearing far less depressed, if not rather chipper and optimistic. It seems that

Mary's difficulties were beginning to have the effect of bringing her and Chuck (Mr. Smith) closer than they had been for years. With an expression of delight, she went on to say that they were now forced to share the burden, and to solve problems together. Blushing, she remarked, "It could even develop into a new romance . . . but I won't allow myself to be hurt again." (The mothers' den and bedroom are on the basement level where Tom sleeps, while the father's sleeping quarters are on the third floor with the girls.) While it is still too early to foresee the final outcome, there has been some progress. There has been an acceptance by both parents of the children's real, though rather obscure, learning problems. Tom's behavior has become more appropriate and socially acceptable. For the most part he seems more comfortable, and he states that he has become less suspicious of others' motives. Mr. Smith has taken full charge of handling Mary. She is permitted to stay out later and to date an older boy in the neighborhood.

## Conclusion

One case is reported which illustrates an adoptive family in crisis and is representative of some of the issues involved in 32 of the adoptive families studied in which the identified patient was an adopted child with learning and behavior problems. In addition to the failure to cope with the adoption issues and the presence of interparental and intraparental conflict, the child's subtle neurodevelopmental differences influenced his learning and behavior.

1. Jaffee B, Fanshel D: *How They Fared in Adoption—A Follow-Up Study*. New York, Columbia University Press, 1970
2. Kety SS: The types and prevalence of mental illness in the biological and adoptive families of adopted schizophrenics, *In* Rosenthal D, Kety SS (Eds): *Transmission of Schizophrenia*. Elmsford, NY, Pergamon Press, 1968, pp 345-362
3. Fish B, Hagin R: Visual-motor disorders in infants at risk for schizophrenia. *Arch Gen Psychiatry* 28:900-904, Jun 1973
4. Robins LN: *Deviant Children Grown Up—A Sociological and Psychiatric Study of Sociopathic Personality*. Baltimore, Williams and Wilkins, 1960, pp 159-180
5. Cantwell DP: Psychiatric illness in families of hyperactive children. *Arch Gen Psychiatry* 27:414-417, Sep 1972
6. Lawton JJ, Jr, Gross SZ: Review of psychiatric literature on adopted children. *Arch Gen Psychiatry* 11:635, 1964
7. *Adoption, Facts and Fallacies—A Review of Research in the U.S., Canada, and Great Britain, 1948-1965*. London, Longmans, 1967
8. American Academy of Pediatrics: *Adoption of Children*. Evanston, Illinois, 1973
9. Goodwin DW, Schulsinger F, Hermansen, et al: Alcohol problems in adoptees raised apart from alcoholic biological parents. *Arch Gen Psychiatry* 28:238-243, Feb 1973
10. Menkes MM, Rowe JS, Menkes JH: A twenty-five year follow-up study on the hyperkinetic child with minimal brain dysfunction. *Pediatrics* 39:393-399, 1967
11. Taichert L: *Childhood Learning, Behavior, and the Family*. New York, Behavioral Publications, 1973, pp 11-21
12. Bell NW, Vogel EF: The emotionally disturbed child as the family scapegoat, *In* Bell NW, Vogel EF (Eds): *A Modern Introduction to the Family*. New York, The Free Press, 1968, pp 413-427
13. Stoller RJ: *Sex and Gender—On the Development of Masculinity and Femininity*. New York, Science House, 1969
14. Stierlin H: *Separating Parents and Adolescents*. New York, New York Times Book Co., 1974, pp 8-11